**Application for verification of learning effects for qualifications at level 8. PQF**

Poznan, day……………...

Name of doctoral student: ..................................

Name of supervisor: .............................................

Name of second supervisor/

or assistant supervisor:..........................................

Title of dissertation:...........................................

Prof.

………………………………………

Chairman of the Council

……………………………………….

Poznan University of Medical Sciences

*Dear Mr. Chairman,*

I would like to request that you verify the learning outcomes for qualifications at PQF level 8.

Signature of candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_

................................. ...........................

signature(s) of supervisor(s)

......................................

signature of assistant supervisor(s)

**Annexes:**

1. questionnaire for verification of learning effects for qualifications at PQF level 8

2. protocol of oral presentation of own research results in Polish or English

presented at the appropriate Council of the Institute or Department with the participation of at least five independent academics from identical or related specialties, a list of related specialties, and a list of attendance.